

This form must accompany all holder reports

HOLDER INFORMATION				
1. FEDERAL EMPLOYER ID#	2. HOLDER (Business Name)			
ADDRESS				
CITY, STATE, ZIP CODE				
3. IS THIS REPORT BEING PREPARED BY AN AGENT ON BEHALF OF THE HOLDER? Y [] N [] IF YES, FURNISH AGENT NAME AND ADDRESS:				
4. NAME OF CONTACT PERSON		5. TELEPHONE () () ()	6. E-MAIL ADDRESS	
7. DATE OF INCORPORATION	8. STATE OF INCORPORATION	9. PRIMARY BUSINESS ACTIVITY		
10. NO. OF EMPLOYEES	11. ANNUAL SALES/PREMIUMS	12. PREMIUMS WRITTEN IN GA	13. TOTAL ASSETS	
REPORT INFORMATION				
INTANGIBLE PROPERTY - (Outstanding Checks)				
14a. Total accounts \$50.00 or more		14b. Dollar Value \$		
14c. Total accounts less than \$50.00		14d. Dollar Value \$		
		14e. Report Total \$		
OTHER PROPERTY (Safe deposit boxes, stocks, mutual funds)				
14f. Number of shares of stock or mutual fund shares				
14g. Number of safe deposit boxes/safekeeping items				
VERIFICATION STATEMENT				
I, _____ certify that I have caused to be prepared and have examined this report totaling \$ _____ 0 as to property presumed abandoned under the "Disposition of Unclaimed Property Act" for the year ended as stated, that I am duly authorized to execute this verification by the holder and that I believe said report to be true, correct and complete as of said date to the best of my knowledge and belief.				
_____ Signature of Responsible Officer		_____ Printed or Typed Name Responsible Officer		
_____ Title of Responsible Officer/Agent		_____ Date		
FOR OFFICE USE ONLY				
CD	CHECK NUMBER	CHECK DATE	CHECK AMOUNT	
DATE DEPOSITED	BATCH NO.	RECEIPT NO.	REPORT ID	HOLDER NO.